PERTUSSIS PREVAILS IN 2004

ALLIES OF DISEASE reports are in for 2004. As the 11-year graphs below indicate, pertussis (whooping cough) is running rampant in Oregon. The annual reported pertussis incidence reached its highest level since 1959 at 14.9 per 100,000—the national average and seventh highest in the nation. Reported pertussis cases, two-thirds of whom were >10 years old in 2004, welcome the new booster vaccine licensed for adolescents with open (and bare) arms.

The plummet of meningococcal disease since 1994 appears to have bottomed out, perhaps the effect of the preponderance (64%) of serogroup B among Oregonians. The newly licensed vaccine (for those aged 11–55 years) is not expected to make much of an impact on Oregon case counts, as it doesn’t protect against serogroup B.

There were no large outbreaks due to any named reportable diseases in 2004; most of the 163 reported outbreaks were gastroenteritis, 97 of the 163 (59%) were Norwalk-like viruses. Though we had the garden variety of salmonellosis clusters (S. Agbeni, S. Bovismorbificans, S. Litchfield S. Saintpaul, S. Heidelberg), a cluster of 7 confirmed cases of Salmonella Enteritidis resulted in the international recall of 13 million pounds of raw almonds.

After three consecutive years of Hepatitis A case reports in the low 60s, Oregon’s 6-to-9-year periodic epidemics may be ancient history, potentially declaring victory for vaccination of 2-year-olds.

Chlamydiosis and gonorrhea continued their upward trends, while the alarming rise in early syphilis of 2003 was reversed for 2004. Tuberculosis cases remain stable with 106 cases in each of the past 2 years; 18% of 2004 cases were resistant to one TB medication.

Other highlights include 4 reports of foodborne botulism, 7 bats tested positive for rabies, 5 cases of Q fever, and the highest count of Lyme disease (33) reported in a single year; 43% of cases recalled seeing a tick embedded or attached.

* Whether this is a true increase in disease or an increased reporting due to the newly available polymerase chain reaction (PCR) test and more active case finding is an issue of debate.
CD SUMMARY

April 5, 2005
Vol. 54, No. 7

If you need this material in an alternate format, call us at 503/731-4024.

If you would prefer to have your CD Summary delivered by e-mail, zap your request to cd.summary@state.or.us. Please include your full name and mailing address (not just your e-mail address), so that we can effectively purge you from our print mailing list, thus saving trees, taxpayer dollars, postal worker injuries, etc.

Selected notifiable or reported disease/conditions, Oregon 2004, by county (data as of March 1, 2005)

<table>
<thead>
<tr>
<th>County</th>
<th>AIDS</th>
<th>Campylobacteriosis</th>
<th>Chlamydia</th>
<th>Cryptosporidiosis</th>
<th>E. coli O157 infection</th>
<th>Hepatitis A</th>
<th>Hepatitis B (acute)</th>
<th>Hepatitis B (chronic)</th>
<th>Hepatitis C</th>
<th>HIV</th>
<th>HUS</th>
<th>Legionellosis</th>
<th>Leprosy</th>
<th>Listeriosis</th>
<th>Lyme disease</th>
<th>Malaria</th>
<th>Meningococcal Disease</th>
<th>Pertussis</th>
<th>Q Fever</th>
<th>Rabies, animal</th>
<th>Relapsing Fever</th>
<th>Salmonellosis</th>
<th>Shigellosis</th>
<th>Staphylococcus aureus (bloodstream)</th>
<th>Tetanus</th>
<th>Tuberculosis</th>
<th>Tularemia</th>
<th>Vibriophages</th>
<th>West Nile</th>
</tr>
</thead>
</table>